FIRST REGULAR SESSION

SENATE BILL NO. 230

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN.

Read 1st time January 29, 2013, and ordered printed.

1080S.01I

TERRY L. SPIELER, Secretary.

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to newborn screenings.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto one new 2 section, to be known as section 191.334, to read as follows:

191.334. 1. This section shall be known and may be cited as 2 "Chloe's Law".

- 2. Effective January 1, 2014, every newborn infant born in this 4 state shall be screened for critical congenital heart disease in 5 accordance with the provisions of this section.
- 3. Every newborn delivered on or after January 1, 2014, in an ambulatory surgical center, birthing center, or hospital shall be screened for critical congenital heart disease with pulse oximetry or other manner as directed by the department of health and senior services in accordance with the American Academy of Pediatrics and American Heart Association guidelines prior to discharge of the newborn from the facility. Such facilities shall report the screening results on all newborns to the parents or guardian of the newborn and
- 14 the department of health and senior services in a manner prescribed
- by the department for surveillance purposes. Such facilities shall
- develop and implement plans to ensure that newborns with positive
- 17 screens receive appropriate confirmatory procedures and referral for
- 18 treatment as indicated.
- 19 4. If a newborn is delivered in a place other than the facilities
- 20 listed in subsection 3 of this section, the physician or person who
- 21 professionally undertakes the pediatric care of the newborn shall

SB 230 2

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22ensure that critical congenital heart disease newborn screening is performed. Such physicians and persons shall report the screening 2324results on all newborns to the parents or guardian of the newborn, and the department of health and senior services in a manner prescribed 25by the department for surveillance purposes. 26

- 5. The provisions of this section shall not apply if the parents of the newborn object to such testing on the grounds that such tests conflict with their religious tenets and practices. The parent of any newborn who refuses to have the critical congenital heart disease screening test administered after notice of the requirement for such 32test shall have such refusal documented in writing. Such physicians, 33 persons, or administrators shall obtain the written refusal and make such refusal part of the medical record of the newborn, and shall report 34such refusal to the department of health and senior services in a manner prescribed by the department.
- 6. Prior to administering the screening, the physician or person 37 who professionally undertakes the pediatric care of the newborn, and 38 administrators of ambulatory surgical centers, birthing centers, or 39 hospitals shall provide to the parents or guardians of newborns a 40 written packet of educational information developed and supplied by 41 the department of health and senior services describing the screening, 42how it is conducted, available options for confirmatory procedures and 44 treatment, the nature of the critical congenital heart disease, and the 45 possible consequences of treatment and non treatment for critical 46 congenital heart disease.
 - 7. The department of health and senior services shall provide consultation and administrative technical support to facilities and persons implementing the requirements of this section including, but not limited to, assistance in:
- (1) Developing and implementing critical congenital heart 52 disease newborn screening protocols based on the American Academy of Pediatrics and American Heart Association guidelines;
- (2) Developing and training for facilities and persons on 54 55 implementation of protocols;
- 56 (3) Developing and distributing educational materials for 57 families; and
- 58 (4) Implementing reporting requirements.

SB 230 3

8. Any rule or portion of a rule, as that term is defined in section 536.010 that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

Bill

